

Type or Print in Ink

*Mail a check or money order to 3010 Lakeland Cove, Suite W, Flowood, MS 39232

MISSISSIPPI STATE BOARD OF FUNERAL SERVICE
Application to Practice Funeral Service

Name: Mr/Mrs/Ms _____ Home hone _____
First Middle Last

Address: _____
& Street P.O. Box

City State County Zip

Date of Birth: ____/____/____ S.S.# _____

Cell Phone:(____)_____ Email: _____

Name of Mortuary Science School _____
Date of Graduation _____ Location _____ Dates Attended _____

Have you ever been convicted of a felony? Yes___ No___ If answered yes, attach court documents giving complete details as to the charge(s), date(s), place of trial, sentence, or other disposition.

Have you ever held a Funeral Service, Funeral Directing, and/or Embalming License in any State? Yes___ No___ If yes, give state, type, and number _____

Is it in good standing? Yes___ No___ If yes, give expiration date _____

If No, give full explanation _____

I am presently employed full time at _____
Name of licensed funeral establishment

Address _____
& Street P.O. Box

City State County Zip

Dated: _____ Applicant's Signature _____

Mississippi

County of _____ The above named person, personally known to me, signed the application in my presence and being duly sworn, he/she states he/she has read the above application and that the statements which he/she made therein are true and correct to the best of his/her knowledge and belief. Sworn to and subscribed before me this _____ day of _____ 2009. _____

Notary Public

My commission expires: _____